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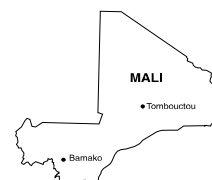
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MALI'S RURAL COMMUNES: A Potential Catalyst for Improving Child Nutrition?

By

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BACKGROUND: The study on the Linkages between Child Nutrition and Agricultural Growth (LICNAG) has confirmed that the high prevalence of malnutrition in Mali results from a multitude of interrelated health, behavioral and economic determinants. The relative importance of these determinants differs by region, community and family (see text box). The multiple dimensions of the malnutrition problem in Mali suggest a need for well coordinated actions requiring inputs from health, education, agriculture, and governance sectors at a minimum. Differences across regions and communities suggest a need for community-based solutions rather than generic ones.

Experiences in other countries have shown that multisectoral, community-based interventions can be effective in improving children's nutritional status. Using such an approach, Thailand reduced malnutrition rates among preschool children from over 50% to under 20% in nine years. Communities in Thailand created multisectoral teams that were instrumental in planning, coordinating and monitoring local actions to improve child nutrition (Tontsirin and Gillespie 1999). A review of community nutrition programming in Kenya, Tanzania and Uganda highlighted proactive community participation, broad-based social mobilization, community-government partnerships and coherent policies at all levels of the government as driving forces of successful interventions (Linkages Project

Key factors affecting children's nutritional outcomes

- **high disease incidence**, particularly malaria and diarrhea;
- **low household income**, particularly for mothers;
- heavy social and economic **demands on women to work** leading to **less time for child care and breastfeeding**. The demands on women's time are compounded by limited access to and poor management of key labor-saving devices particularly wells and cereal mills;
- **inadequate quality care** options for children while mothers work;
- **lack of knowledge** by caregivers of appropriate child care/feeding practices;
- **limited access to and use of clean water** sources;
- general **lack of awareness** by caregivers, communities and local government officials of the impact of malnutrition on child survival, growth and development as well as overall economic development;
- **limited nutrition services** offered at community health centers;
- **inadequate funding** to finance services needed to address

Regional Centre for Quality of Health Care, and UNICEF 2002).

A Favorable Policy Environment for Multi-sectoral, Community-based Nutrition Programs: Over the last fifteen years, Mali has undertaken numerous sectoral reforms that have created a favorable context for implementing a multisectoral, community-based strategy to improve child nutrition. First, the Ministry of Health has successfully developed a decentralized network of community-managed health centers.



Health policy assures a comprehensive package of essential primary care services including curative, preventive, and promotional activities. The Ministry of Health also created two divisions responsible for implementing nutrition programs and coordinating actions across sectors.

On the agricultural side, the Ministry of Rural Development has broadened its view of food security by incorporating nutrition in its new national food security strategy. While not as far advanced operationally as the decentralized health sector, this strategy places farmer organizations at the forefront of agricultural policy and service provision. The decision to create a Vice Ministry of Food Security is also a positive development that could help advance efforts to develop a multisectoral approach to improve child nutrition.

Finally, and perhaps most pivotal, Mali established a decentralized system of government throughout the 1990s, culminating with the election of mayors and communal councils for 703 communes in 1999. In granting local communes fiscal authority and the responsibility for overseeing the execution of sectoral actions in health, education, and rural infrastructure, decentralization has moved power closer to the communities and given them an opportunity to play a greater role in making decisions that directly affect their lives.

OBJECTIVES: This fourth bulletin in the series of policy syntheses on the study of the Linkages between Child Nutrition and Agricultural Growth (LICNAG) examines the potential participation of communes in interventions to improve child nutrition in Mali. In building on the results of previous syntheses that have identified a wide range of socio-economic, behavioral, and health factors affecting children's nutritional outcomes, it argues that communes, in partnership with the decentralized health sector and other actors, are well placed to play a lead role in coordinating the range of sectoral actions at the community level that are needed to improve child nutrition. Given that Mali has made great strides in terms of building a favorable policy environment for such

an approach, we contend that efforts to improve child nutrition will be best served by implementing pilot projects in rural communities to determine the most effective type of actions and better define the role of communes. The analysis of interviews with commune mayors and their staffs resulted in the identification of three key challenges that pilot projects would need to address in working with districts, communes, and communities to establish sustainable processes to carry out these nutrition-related actions:

- Developing communication strategies to raise awareness of nutrition problems and solutions;
- Identifying specific roles for the communes in a multisectoral, community-based approach;
- Mobilizing reliable sources of funding to implement community-driven actions.

This bulletin discusses the nature of these challenges as well as our perceptions of what needs to be done by communes and those working with them to meet them as part of a pilot program

FINDINGS: First Challenge: Developing communication strategies to raise awareness of nutrition problems and solutions: Reducing child malnutrition in Mali requires that parents, communities and government officials recognize that: (1) child malnutrition is a serious problem; and (2) they can take specific actions to improve children's well-being. Initial discussions with mayors revealed that they, like parents and health service personnel, had a poor appreciation of the gravity of the malnutrition problem. A common first reaction was to view malnutrition as strictly a health problem. Mayors often commented that malnutrition was due to poor health. However, upon presentation of LICNAG study findings, mayors identified numerous non-medical causes of malnutrition (e.g., lack of information for mothers on how to feed children, minimal involvement of fathers in child rearing, and pervasive poverty), revealing some appreciation of its multiple social and economic dimensions.



Solutions to improving child nutrition put forth by mayors centered on raising awareness of the problem. Numerous mayors believe that greater involvement of fathers in child care is essential to the success of any initiative to reduce malnutrition. They cited the need to change the prevailing view that “an infant is for the mother and only becomes the father’s when he/she is older”. One mayor, in speaking of the difficulty of this task, commented that he was mocked by men in his commune when he exhorted them to take on greater responsibility for child upbringing. He felt that his commune could help facilitate greater participation of fathers, male household heads, and village leaders if he was supported through some program.

The majority of mayors also felt that the impact of any information provided through communication programs will be limited to the extent that families do not have access to certain enabling factors to effectively put new knowledge to use. This includes the means to grow or procure nutritious ingredients, the time to prepare, feed and care for children, as well as overall support from their community. Mayors’ views underline the complementarity between the health and nonhealth factors affecting nutritional outcomes and highlight the importance of developing sustainable processes to provide coordinated services from multiple sectors.

As part of a pilot program to improve child nutrition, a communication campaign would have several goals: community mobilization to create the awareness needed to increase effective demand and political commitment; development of shared community goals for nutrition that are integrated into community development plans; formation of partnerships to assure local ownership; and, support the mobilization of local resources.

Second Challenge: Identifying specific roles for the communes in a multisectoral, community-based approach: Interviews with mayors suggest that communes need to center their efforts on two key areas: strengthening and orienting commune-level investments in infrastructure and equipment;

and, facilitating and coordinating multisectoral interventions contributing to better nutrition.

Commune-level investments: During their first three years communes focused largely on establishing an operational base and developing plans for investments in infrastructure and equipment in their jurisdictions.¹ In response to priorities established during community planning consultations, mayors reported making investments that stimulate economic growth (roads, bridges, water-control dams for irrigation, markets) and address social needs (bore wells, community water faucets, and schools or classrooms). Even if nutrition appears to be an invisible problem, these investments represent critical inputs that address some of the underlying factors that contribute to improved nutritional outcomes – water, health care, higher incomes.

Limited resources will prevent communes from financing all the investment priorities set in their ambitious three year plans. However, raising communities’ awareness of the nutrition problem and involving them in a process of assessment, analysis and action with local government and technical sectors would help to identify those commune investments that would most likely have immediate positive impacts on nutritional outcomes. For example, villages in the Mopti region consistently cited bore wells as their top priority, an investment that could reduce the incidence of water-borne disease and decrease the high prevalence of wasting.² Other options might be improved roads and bridges or markets that directly stimulate economic development, contribute to higher household incomes and an expanded tax base.

¹ The narrow focus comes from a mandate to work with the National Commune Investment Agency (ANICT) and Communal Advisory Centers under the authority of the Ministry of Territorial Administration and Local Collectivities on infrastructure investments.

² Use of non-potable water increases the risk of transmission of water-borne diseases leading to diarrhea, a major factor in wasted children.



Management of infrastructure: Mayors reported that women in their communes expressed the need for greater access to cereal mills and threshers, bore wells and water taps; not a surprising request given that over one-third of bore wells and 50% of existing cereal mills in the survey villages are broken down (Wise et al. 2002). Though there is a need for new investments in labor saving infrastructure (especially equipment that frees up women's time), developing the organizational structures and capacity to manage and maintain village and commune infrastructure is as important as new investments, and perhaps even more of a challenge. There is a need for training to improve the capacity of community associations to manage funds, as well as the need to establish effective and transparent management and accountability procedures.³

Facilitating and coordinating multi-sector interventions: Beyond these investments, communes will need to play a more active role in fostering greater collaboration among sectoral activities within their jurisdiction. Although the achievements of Mali's decentralized health sector provide a solid foundation to begin nutrition actions in many communities, the health sector cannot independently resolve problems without complementary inputs from other sectors. Improving breastfeeding practices, for example, might require more knowledge by caregivers about the importance of exclusive breastfeeding and at the same time require reorganization of women's work schedule, the creation of support systems for breastfeeding mothers to enable them to take necessary breaks while working to breastfeed, regular access to cereal mills and community water taps to reduce time spent in daily tasks, and improved nutrition for mothers to assure adequate breast milk production.

Since almost all sectoral policies in Mali rely increasingly on community organizations (e.g., health care management committees, parents'

school organizations, farmer organizations) for the decentralized provision of services and management of actions at the local level, local governments are in a key position to oversee their actions, monitor their performance, and generally be an advocate for their communities. Their role may be especially important with respect to monitoring training and supporting projects that aim to develop the capabilities of these organizations, primarily the literacy and management skills that are critical inputs into better governance and improved performance. Many mayors mentioned the difficulty of sustaining project activities (e.g., women's vegetable gardens, cereal mills) after external funding ends because adequate capacity and competence had not been transferred to communes, villages, and local associations.

Local governments, in partnership with community health centers, the technical staff of various ministries, nongovernmental organizations, and community associations, appear particularly well-suited to offer assistance in the following services: mobilizing communities, facilitating communication and collaboration between actors, planning and goal setting, developing performance incentives, indicators and mechanisms to monitor performance, and holding actors accountable. This expanded role would fall in line with their mandate to coordinate development efforts in their jurisdictions and the additional responsibilities granted to them in a series of government decrees in 2002 to oversee the execution of decentralized actions in health, education and rural infrastructure sectors (Primature, *Sécrétaire Général du Gouvernement, République du Mali* 2002). By fostering a more comprehensive approach to development programming at the local level, communes can foster positive synergies while avoiding the high cost and confusion of multiple, independent interventions and intersectoral competition (Shrimpton 2002; Gillespie and Haddad 2001).

Local government has a role to play in communicating with other levels of government on

³ A similar need for improved management capacity exists in health management committees (ASACO).



what is and is not working. In many ways, elected officials need to play an advocacy or watchdog role vis a vis other public and private entities involved in their communities to assure that contracts are respected, services are delivered, and capacity is transferred.

Governance: Communal government is also in a position to address oft-neglected governance issues that are critical to sectoral programs. Planned commune investments in water control dams for lowland valley swamps of the Sikasso Region provide a good example of the interrelationship between governance, economic development, and nutrition. Women are the principal producers now using these lowlands; at present their productivity is low because water control is poor and they do not use purchased inputs. If the full potential of the water control investments are to be realized by women, communes need to develop a strategy to ensure that women rice farmers have access to credit and inputs and that their rights to farm in the lowlands are not transferred to others after improvements are made. The strategy should also include literacy and management training for women farmers, enabling them to strengthen their positions in existing male-dominated farmer associations or to create their own women farmers' associations. Making sure that women benefit from these commune investments can be a key component of an overall strategy to improve children's nutritional status as the LICNAG study has clearly shown that child malnutrition declines as mothers' incomes rise.

Leadership and NGO support: The leadership skill of the mayor was an important factor affecting the establishment and activities of communes during their first three years of operation. Those who are better educated and had outside professional experience prior to becoming mayor appear to be the more dynamic leaders. They have been proactive in consulting communities to identify development problems and solutions, in determining investment priorities, and in

developing proposals for project funding. More dynamic mayors have already become involved in sectoral programming issues, working, for example, with health centers and schools to find local and external resources to pay salaries.

The establishment of partnerships between communes and NGOs also stems from the mayors' capacity for effective networking with civil society and negotiating support with development partners. More dynamic mayors commented on the importance of regular communication with their constituents through meetings, radio, or by way of communal council or village leaders. Informing constituents about what the commune is doing to address their concerns contributes to transparency and accountability, thereby maintaining popular support. Mayors also noted the importance of taking time to explain the link between tax compliance and commune investments in order to minimize frustrations arising from the inability of communes to address villages' priorities.

Third Challenge: Mobilizing reliable funding sources to implement community-driven actions: Almost all nutrition interventions implemented in rural Mali over the last twenty years have been linked to donor-funded projects and have, consequently, ceased functioning when project funding stopped. The health sector's experience in establishing and funding decentralized community health centers highlights the importance of political commitment, community mobilization and demand for services, clearly defined goals, and effective use of resources to providing sustainable services. It has also shown how substantial progress can be made and sustained when interventions are funded from multiple sources, including cost recovery, increased budgetary allocations from the national budget, donor funds, and contributions of local resources.

Several mayors suggested that innovative financing arrangements (e.g., matching grants) combining donor, centrally-transferred, and local



funds (commune or village association) may represent the most feasible option for nutrition actions and provide the additional benefit of securing greater commitment and collaboration from all parties. Raising awareness of the contribution of good nutrition to economic development is a key element in the process of mobilizing local resources to finance nutrition-related actions. Discussions with mayors show, however, that the ability of local governments to provide sustainable financial support to nutrition and other social services will be restricted in the short term by their weak tax base and low rate of tax compliance.

The problem of tax compliance: Every mayor, without exception, spoke at length about the difficulties created by low tax compliance. This represents a major constraint to establishing effective and responsive decentralized governance in Mali. Malian fiscal law stipulates that communes can generate funds from a variety of sources including tax revenues transferred from central government, taxes established by communes (e.g., on livestock, firearms, transport, market user fees, commercial licenses, construction permits, cereal mills) as well as from state subsidies, user fees, grants, and debt instruments (Diallo 2000). Despite these multiple sources, mayors reported that the local and regional development tax (TDRL), paid by every Malian family, currently represents over 75% of communes' operating funds. Tax compliance rates vary widely both among communes and from year to year. Despite generally low average compliance rates, 20 to 40% in the study sample, a few mayors reported compliance of 70 to 80% in the payment of the TDRL tax. Annual variability has been particularly high in the Sikasso zone because of fluctuations in farmers' cotton income that is normally used by the heads of extended families to pay taxes.

Most mayors felt that changing tax-paying behavior will require communes to rebuild citizens' confidence in local government through

extensive advocacy, civic education and regular communication. Some insisted, however, particularly in the Mopti region, that communication or even enforcement would make little difference because "people are too poor to pay". Many mayors recognize the importance of showing that commune's fiscal revenues have been used to finance investments that are demanded and supported by the community. In the long run, a larger number of literate and educated citizens will likely increase civic responsibility that contributes to greater tax compliance and ultimately enlarge the range of feasible taxing options.

The immediate impact of low and highly variable tax compliance is that many communes do not meet the 20% local contribution required to access their quota of funds for infrastructure and equipment investments available from the National Commune Investment Agency (ANICT)⁴. One mayor reported that 75% of the communes in the Kolondieba district of the cotton zone could not use their 2001 ANICT drawing rights.

Tapping agricultural revenues for social investment: According to several mayors in the Sikasso region, farmer organizations representing cotton producers (*association villageoise* or AV) contributed funds to cover the 20% commune contribution. These organizations generate association-managed revenues from fees received for cotton marketing services. This financing option was offered, however, only in cases where the ANICT investment was for a project in the association's village. The use of cotton revenues is facilitated by the fact that farmer organization leaders are often communal council representatives. In addition to financing the 20% local down payment, a few mayors reported cases in which the AV used its revenues to directly pay salaries or lodging of teachers and health

⁴ ANICT manages all internal and external grants destined for commune investments and is currently financed by the Malian government, the European Union, UNDP, and the French Development Agency (AFD).



professionals or a village's annual contribution to community health center operations.

The farmer association case illustrates how revenues generated in agricultural activities can be used for investment in social services at the local level. Obtaining more funds in this manner from other local organizations might be possible but would likely require the development of innovative incentives. An alternative would be for the communes to tax these organizations directly. What is feasible in the wealthier Segou or Sikasso regions probably would not be feasible for the foreseeable future in the poorer communes in the Mopti region. Some mayors also expressed concern that the systematic collection of tax revenues from local organizations may be difficult in that many are functioning without legal statutes. Others have problems of poor management, transparency, and accountability, yet others are more interested in politics and political influence than economic and social development.

Economic growth is critical for tax base and sustainable social service funding: Finally, mayors recognize that increased tax revenues and an expanded tax base are intimately tied to a dynamic agricultural sector that generates profits on both an individual and community level. Incomes will not rise in rural Mali unless renewed efforts are made to increase investment that is needed to drive productivity growth, and subsequently generate the broad-based income growth that is a prerequisite for an expanded tax base. Economic growth will not lead to improved nutrition and lower poverty without appropriate budgetary policies that facilitate capturing part of the productivity gains and foster local reinvestment in priority social sectors. These human capital investments are, in turn, a major factor in stimulating and sustaining economic growth (Dembélé and Staatz 1999).

CONCLUSIONS: This synthesis advocates that local governments work in partnership with communities, ministries and civil society to develop innovative and sustainable processes that

are community-driven and cut across sectors in order to improve nutritional outcomes of children in Mali. The policy environment that Mali has established with respect to decentralized governance, community-managed health care, and productivity-driven agricultural policies for improved food and nutrition security has created conditions that favor the implementation of pilot projects at the local level to test alternative actions for improving child nutrition.

The primary aim of pilot actions would be two-fold. They would help determine how sectoral interventions can be most effectively implemented, coordinated and sustained at the local level. They would also help identify specific contributions that communes can feasibly make to establishing sustainable processes to carry out nutrition-related actions. Study findings show that some communes possess several conditions that may make them favorable to launching pilot actions (e.g., adequately staffed health centers with high coverage rates, functional health management committees, farmer organizations, and functioning communes with good tax compliance and community investment). Supporting actions in these zones to address the major challenges identified by this study (i.e., developing communication strategies to raise awareness of nutrition problems and solutions; identifying specific roles for the communes in a multisectoral, community-based approach; and, mobilizing reliable sources of funding to implement community-driven actions) would be a first step to developing the type of approaches needed to significantly improve children's nutritional outcomes.

The lessons learned in the pilot projects would contribute to building models of successful community-based processes to improve child nutrition that could be emulated elsewhere. They would also help communes gain valuable skills and establish mechanisms that would be useful in working on other important problems in their communities. Finally, the lessons may be instructive to external organizations (i.e., donors,



NGOs) in terms of developing the internal organizational mechanisms needed to successfully collaborate across sectors or programming units.

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